Case Number:	CM14-0165851		
Date Assigned:	10/10/2014	**Date of Injury:**	02/22/2007
Decision Date:	01/02/2015	**UR Denial Date:**	09/18/2014
Priority:	Standard	**Application Received:**	10/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was originally injured in 2007 in a motor vehicle collision, sustaining injury to her right knee and lumbar spine. She underwent extensive conservative management over a period of 5 years for L4-L5 degenerative spondylolisthesis with spinal stenosis and segmental instability. The injured worker has been managed with various conservative measures, including physical therapy, bracing, medications including Norco, Cymbalta, and topical non-steroidal anti-inflammatory agents, as well as epidural steroid injections. Further surgical management was delayed due to unrelated medical issues with a ventral hernia. Due to persistent pain and radiculopathy, an MRI was performed on 4/15/2014, which demonstrated interval development of mild T12 vertebral body compression fracture with borderline central canal stenosis at L3-L4 secondary to facet arthropathy and ligament hypertrophy and mild to mod central spinal stenosis at L4-L5 with mild progression since 2010. The treating physician note from 7/16/2014 stated that the patient was having trouble filling the prescription for Flector patch, and Pennsaid 2% was prescribed as a substitute for chronic right knee osteoarthritis pain. MRI of the right knee in 8/2014 demonstrated chronic rupture of the anterior cruciate ligament, chronic complex tear of the entire medial meniscus and low grade partial tear of the deep fibers of the medial collateral ligament with mild to moderate osteoarthritis of the medial knee. The injured worker subsequently underwent L4 and L5 laminectomy and partial facetectomy and L4-L5 fusion. On post-surgical follow-up, the most recent physician note from 9/11/2014 available for review noted post-surgical progression without complication, and stated that the current medications would be renewed. The request for both Flector patch and Pennsaid 2% solution were denied by utilization review, and was subsequently submitted for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flector DIS l.3%, Day Supply: 30 qty: 60, refills 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS guidelines, topical non-steroidal anti-inflammatory agents may be considered for short-term use for osteoarthritis of the knee and elbow, or other joints that are amenable to topical treatment (4-12 weeks). These agents may play a role in chronic musculoskeletal pain, but there are currently no studies that support long-term use. While the systemic absorption of transdermal Flector is purported to be low, the potential long-term impact on hepatic, cardiovascular and renal systems should lead to continual reassessment. Per available records, for a period of time the injured worker was utilizing Flector patches for pain control and was experiencing some relief. However, the available records do not clearly demarcate where the patches were applied. MTUS guidelines do not support topical non-steroidal anti-inflammatory use for the spine, hip, or shoulder. Despite the inability of the injured worker to tolerate the oral formulation of non-steroidal anti-inflammatory agents, without a clear designation of the site of application, and without clear physician documentation of ongoing safety in the face of chronic use, the request as written for Flector DIS 1.3% does not conform to the MTUS guidelines and is therefore not medically necessary.

Pennsaid SOL 2%, Day Supply: 25, qty 112, refills 0: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS guidelines, topical non-steroidal anti-inflammatory agents may be considered for short-term use for osteoarthritis of the knee (4-12 weeks). These agents may play a role in chronic musculoskeletal pain, but there are currently no studies that support long-term use. While the systemic absorption of transdermal Pennsaid is purported to be low, the potential long-term impact on hepatic, cardiovascular and renal systems should lead to continual reassessment. Per available records, for a period of time, the injured worker was utilizing Flector patches for pain control and was experiencing some relief, although it was unclear with available records where the patient was applying the patches. Records indicate the Pennsaid solution was specifically prescribed for osteoarthritis-related knee pain. Furthermore, per records made available for this review, but not for the initial utilization review, the primary treating physician had previously noted that the patient was unable to tolerate oral non-steroidal anti-inflammatory agents due to the side effect of elevated blood pressure. Given the underlying co-morbid conditions of diabetes and hypertension, the inability to tolerate the oral formulation,

along with the support of the MTUS guidelines for topical non-steroidal anti-inflammatory agents for an acute flare of osteoarthritis of the knee, the request for Pennsaid sol 2% for a 25 day supply with 0 refills for right knee osteoarthritis appears to conform to the MTUS guidelines and is therefore medically necessary.